

**OFFICE OF THE UNITED STATES TRUSTEE
FOR THE SOUTHERN DISTRICT OF NEW YORK
33 Whitehall Street, 21st Floor
New York, New York 10004
Tel. No. (212) 510-0500
Fax No. (212) 668-2255**

CREDITORS' COMMITTEE ACCEPTANCE FORM

REFCO, INC. et al.,
Case Nos. 05-60006 through 05-60029 (RDD) (jointly administered)

PLEASE TYPE OR PRINT NEATLY AND CLEARLY:

The undersigned creditor is willing to serve on the Committee of Unsecured Creditors of the Debtors:

- A. UNSECURED CREDITOR'S NAME, MAIL ADDRESS, TELEPHONE AND TELECOPY NUMBERS, and REPRESENTATIVE'S E-MAIL:

- B. NAME OF COUNSEL (if any) FOR CREDITOR, MAIL ADDRESS, TELEPHONE AND TELECOPY NUMBERS, and E-MAIL ADDRESS:

- C. IF YOU ARE REPRESENTED BY COUNSEL, DOES YOUR ATTORNEY REPRESENT ANY OTHER PARTIES IN THIS CASE. Please check one of the following: ____ YES. ____ NO. ____ I DO NOT KNOW.

- D. PLEASE INDICATE WHETHER YOU HAVE GIVEN A PROXY TO YOUR ATTORNEY IN CONNECTION WITH YOUR CLAIM. ____ YES. ____ NO. (If you have given a proxy to your attorney, please provide a photocopy of the proxy to the United States Trustee along with this creditor committee acceptance form on or before the organizational meeting.)

- F. AMOUNT OF UNSECURED CLAIM: \$_____.

- G. TO DATE, HAVE YOU OR YOUR ATTORNEY ENTERED INTO A SETTLEMENT

AGREEMENT WITH ANY OF THE REFCO ENTITIES REGARDING RESOLUTION OF YOUR CLAIM? ____ YES. ____ NO.

- H. TYPE OF CLAIM. PLEASE CHECK ONE OF THE FOLLOWING: ____ TRADE. ____ BOND. ____ OTHER. IF YOU ANSWERED "OTHER", PLEASE DESCRIBE THE NATURE OF YOUR CLAIM BELOW OR ATTACH A WRITTEN STATEMENT. IF YOUR CLAIM IS AGAINST A PARTICULAR REFCO ENTITY, PLEASE ALSO EXPLAIN.

- I. DO YOU HOLD A CLAIM ARISING OUT OF YOUR ROLE AS AN OFFICER OR DIRECTOR OF ANY OF THE REFCO DEBTORS? ____ YES. ____ NO. IF YOUR ANSWER IS YES, PLEASE INDICATE THE POSITION: _____

- J. ARE YOU RELATED TO AN OFFICER OR DIRECTOR OF THE DEBTOR, OR A PERSON IN CONTROL OF THE REFCO DEBTORS. ____ YES. ____ NO. IF YOUR ANSWER IS YES, PLEASE DESCRIBE THE RELATIONSHIP:

- K. ARE YOU THE HOLDER OF A SECURED CLAIM AGAINST ANY OF THE REFCO DEBTORS? ____ YES. ____ NO. IF YES, STATE THE AMOUNT OF YOUR SECURED CLAIM AND THE REFCO ENTITY IT IS ASSERTED AGAINST.

- L. ARE YOU A SHAREHOLDER OF ANY OF THE REFCO DEBTORS? ____ YES. ____ NO. IF YES, STATE THE NUMBER AND TYPE OF SHARES AND IDENTIFY THE REFCO ENTITY IN WHICH YOUR SHARES ARE HELD.

DATE: _____

SIGNATURE: _____

PRINT NAME AND TITLE OF PERSON COMPLETING FORM: _____

- KINDLY ANSWER ALL QUESTIONS SO THAT THIS FORM CAN BE PROCESSED PROPERLY WITHOUT DELAY.

(Continues on next page.)

- **PLEASE RETURN TO THE UNITED STATES TRUSTEE BY TELECOPIER,**

AV-R

**ATTN: ANDREW D. VELEZ -RIVERA, TRIAL ATTORNEY, BY 12:00 P.M.
(NOON, NEW YORK TIME) ON WEDNESDAY, OCTOBER 26, 2005.**

- THIS IS NOT A PROOF OF CLAIM FORM. PROOFS OF CLAIM ARE FILED WITH
THE CLERK OF THE BANKRUPTCY COURT, NOT WITH THE UNITED STATES
TRUSTEE.